U C Department of Lebor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution. fines or criff penalties as provided by 29 U.S.C. 439 or 440.

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For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 1/056 5	2 Fiscal Year Covered From	
	1 / 1, / 3004 Through 12, / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name , Rodaco J. J. Siesa	Name MASTERERS & CEMENT MASONS LOCAL 886	
	Labor Organization File Number 033-359 LM 2	
PO Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 5534 DENNISON	Street 4652 Lewis AVE	
City 16/600	City Tolego	
State   06 10 ZIP Code + 443615 196	State Qh 10 ZIP Code + 4 43412 2396	
5 Position in labor organization PRESIDENT & BUSINESS ASENT		
or 1	3	
Enter appropriate data below if during the past flacal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (Including trade name if any)	7 a Nature of Interest Transaction or Income	
Name I		
Trade Name If any		
PO Box. Bldg Room No If any	7 b Amount	
Street		
City's		
City (	ļ, I	
State 1 ZIP Code + 4 1	, 1	
the state of the s	ature R. F	
15 Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned a knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
aut and a second a		
Signed Inell 11 Sept	on 8-1505 419-531-6740	

Name of Person Filling Ravako J SIESA	File Number U	
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in the properties of t	wise dealing with the business vely seeking to represent or directly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name !		
Trade Name if any	a Labor Organization	
PO Box Bidg Room No If any	to Trust	
Street	C Chiptoyor	
City		
State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Neme ,		
Trade Name If any	<del> </del>	
P O Box Bldg Room No If any		
Street	11 b Approximate dollar value of such dealing	
City   ZiP Code + 4	12 a Nature of interest held or income received	
State ZIP Code + 4		
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment  Opensor For Resistantion & Room	
Name LOCAL 886/404 PENSEN FUND	14 & Nature of payment  PAYMENT FOR RESISTRATION & ROOM  AIR PARE & CAR RENTAL FOR THE  INTERNATIONAL FOUNDATION OF  EMPloyEE BENEFITS PLANS  EDUCATIONAL CONFERANCE	
Trade Name If any	INTERNATIONAL POUNDATION OF	
P O Box Bldg Room No If any	Employed BENEFITS PLANS	
Street 33 FIACH BIVO	LOUCATIONAL CONFERENCE	

14 b Amount of payment

or Consultant

13 b is the Business an Employer X

Name of Person Filing ROWALD J SIKING	F le Number U
Part C Contr	nualion Page
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) of from any labor relations consultant to an employer any
13 a Name and address of Employer of Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name PLASHERIAS FORMANT MASINS JATE EUND	14 a Nature of payment  GREEN FEES, CORT, & DINNER IN  CONNECTION WITH ONENS COMMANITY  COILEGE FUND RASER
Trade Name if any	Collège Funo RASER
PO Box Bidg Room No Il any Street 1845 Collins Waso Blue	
City Toledo	
State Ohio 43124 8636	
13 b 19 the Business an Employer or Consultant	14 b Amount of payment
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13 a Name and address of Employer or Labor Relations Consultant (including trade name. If any)	14 a Nature of payment
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Trade Name If any	
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Cly	
Sletz ZIP Code + 4	
13 b. Is the Business an Employer or Consultant ?	14 b Amount of payment
C. Received from any employer joiner than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
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Trade Name II any	
우이 Box Bidg Room No if any	
Sireet	
City	
State ZIP Code 4	
	14 b Amount of payment

13 b. Is the Business an Employer

or Consultant